

Last Reviewed: 04/11/2022  Primary Approver(s): HR Director	 <b>City of</b> <b>PORTSMOUTH</b> New Hampshire	Page: 1 of 2
---	---	--------------

## Incident Report Form

<b>Date of Report:</b>	<b>Date of Incident:</b>
<b>Time of Incident:</b>	

### Facility Information

<b>Facility:</b>	<b>Phone:</b> (    )
<b>Address:</b>	<b>City:</b> Portsmouth
<b>State:</b> NH	<b>Zip:</b> 03801
<b>Contact:</b>	

### Incident Details

<b>Location of Incident:</b>   <b>Description of Incident:</b>	<b>Name(s) of those involved:</b>   <b>Contact Information:</b>
<b>Was an injury sustained?</b>  Yes <input type="checkbox"/> No <input type="checkbox"/>	<b>If yes, describe the type of injury sustained:</b>

### Witnesses

<b>Name:</b>	<b>Phone:</b> (    )
<b>Address:</b>	<b>City:</b>
<b>State:</b>	<b>Zip:</b>

Last Reviewed: 04/11/2022  Primary Approver(s): HR Director	 <p>City of <b>PORTSMOUTH</b> New Hampshire</p>	Page: 2 of 2
---	--	--------------

## Incident Report Form

### Witnesses

<b>Name:</b>	<b>Phone:</b> (    )
<b>Address:</b>	<b>City:</b>
<b>State:</b>	<b>Zip:</b>

### Care Provided

<b>Did anyone receive medical attention by facility staff?</b>  Yes <input type="checkbox"/> No <input type="checkbox"/>	<b>Name of person who provided care:</b>
<b>Was 911 called?</b>  Yes <input type="checkbox"/> No <input type="checkbox"/>	<b>If yes, by whom?</b>
<b>Was anyone transported to an emergency facility?</b>  Yes <input type="checkbox"/> No <input type="checkbox"/>	<b>If yes, where?</b>

### Additional Information

### Report Prepared by:

<b>Name (please print):</b>	<b>Position:</b>
<b>Signature:</b>	<b>Date:</b>